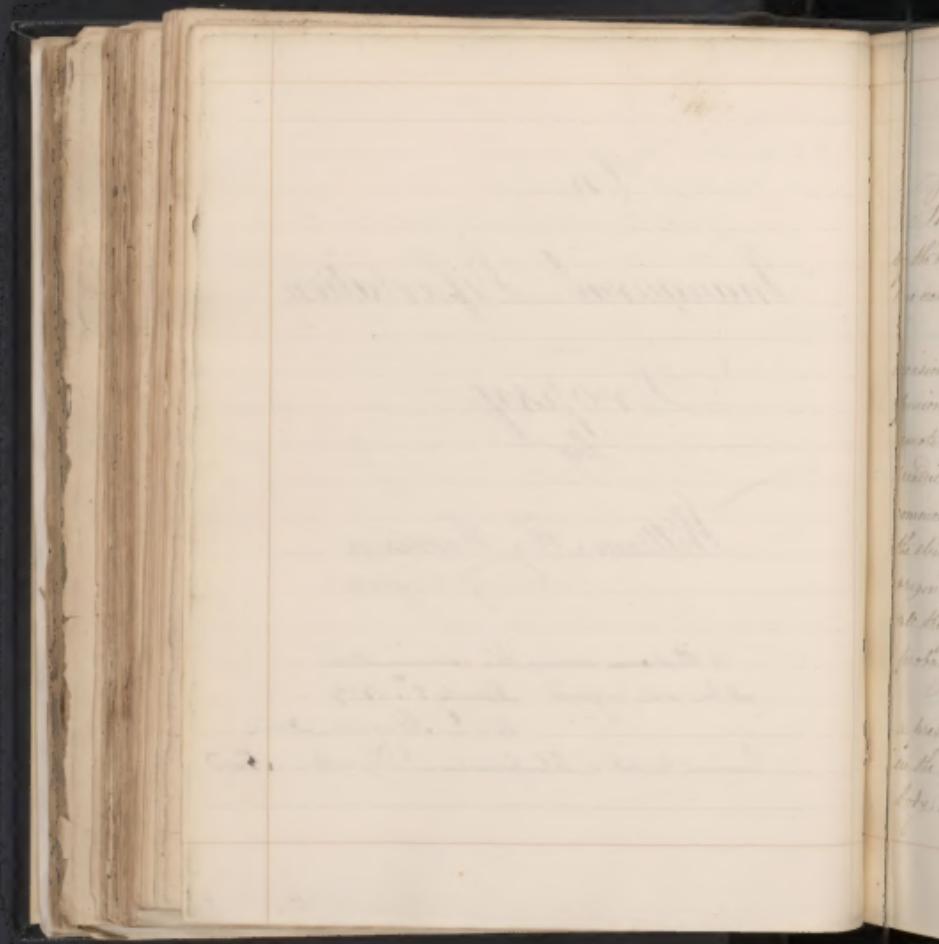


An
Inaugural Dissertation
on
Dropsy
by

William A. Morrison
(of Virginia)

With drawn during his examination
at his own request March 5th 1823

W. E. Morris, Dean
Examined by Messrs Chapman - Physick - Ward



150 p. 54

This is one of the diseases which has been described by the ancient writers, but the development of its true nature has been left to modern times.

Coming at unaccustomed intervals, it is necessary on the present occasion to trace its history and sift through the various opinions which have been entertained respecting the remote and proximate causes and the appropriate remedies. I will confine myself to a few of the more common forms and their remedies. I shall confine for the elucidation of the principles upon which the several detailed action taken place, and also attend to the forms and locations of Diphtheria, most probably where

By the term Diphthery we understand a heterocellular collection of serum or watery fluid in the cellular membrane or the cavities of the body; which collections have received various appellations

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appellations according to their location. Of these,
the three most common forms are, Hydrocephalus,
ascites, and anasarca; and it is to them that I intend
to confine my attention.

It may presume that the cause of
Dropsy being generally very cavity in the body capable
of being retained, may become the seat of this disease.
Among these the Thorax is one which frequently
resembles the symptoms of Dropsy in their violent swelling
extent and unequivocal character.

The symptoms of Hydrocephalus are,
a sensation in the chest of the fluctuation of a fluid,
sometimes sensible to the patient, at others only
discoverable by the Physician, after which comes
difficulties of breathing occasioned by the pressure
of the Hydrocephalus upon the lungs; increased
difficulty of breathing and anxiety of breath in a
recumbent posture and insomuch the alteration of
them upon assuming an erect position. Shortness
of breath and cough which is at first dry, but as



The patient advances, becomes more & more lame and
is frequently in great pain.
Patient of the first and
second description of sleep by a sensation of water.
The urine is diminished in quantity, highly colored
and deposit a sediment. It is also said to be difficult
to be coagulated by heat. The feet and legs are, in some
instances, affected by aematous swelling. A swelling
in the arms also attests some evasions of hydrocephalus.
When all these symptoms are apparent it would con-
sequently be inferred of the existence of the disease
in question. When the fluctuation of the fluid is
perceived by the patient without the concurrence of
other characteristic symptoms, in any remarkable
degree, it may sometimes be referred to the Arnold
Tumor that varies in size with fluid. The
difficulty of breathing, pulsation of the heart suggests
the possibility of both, and tickled feelings in the mouth
& nostrils, may also be caused as symptoms of cardiac
& pulmonary derangements. Deterioral of hydrocephalus
is often the last & severest symptom which have
been

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been exasperated occurs especially the irritation
in the chest, being mostly perceptible when the disease
is late and the temperature high after any thing has
been introduced into it, demonstrate the existence
of Phlegm.

Side-throats sometimes make its
appearance without any previous symptom of Phlegm
in any other part. It is not always general in the
whole of the Throat, being sometimes confined to one
side alone.

The prognosis in Side-throats is
generally favourable.

The Sputum generally is attended by
symptoms similar to those of the last
mentioned form of Cough, is scarcely to be
distinguishable. The continual difficulty of
respiration however, not alleviated by change
of position, the greater effort of respiration, the
pain about the trachea and the impossibility
of making a copious inhalation, may enable

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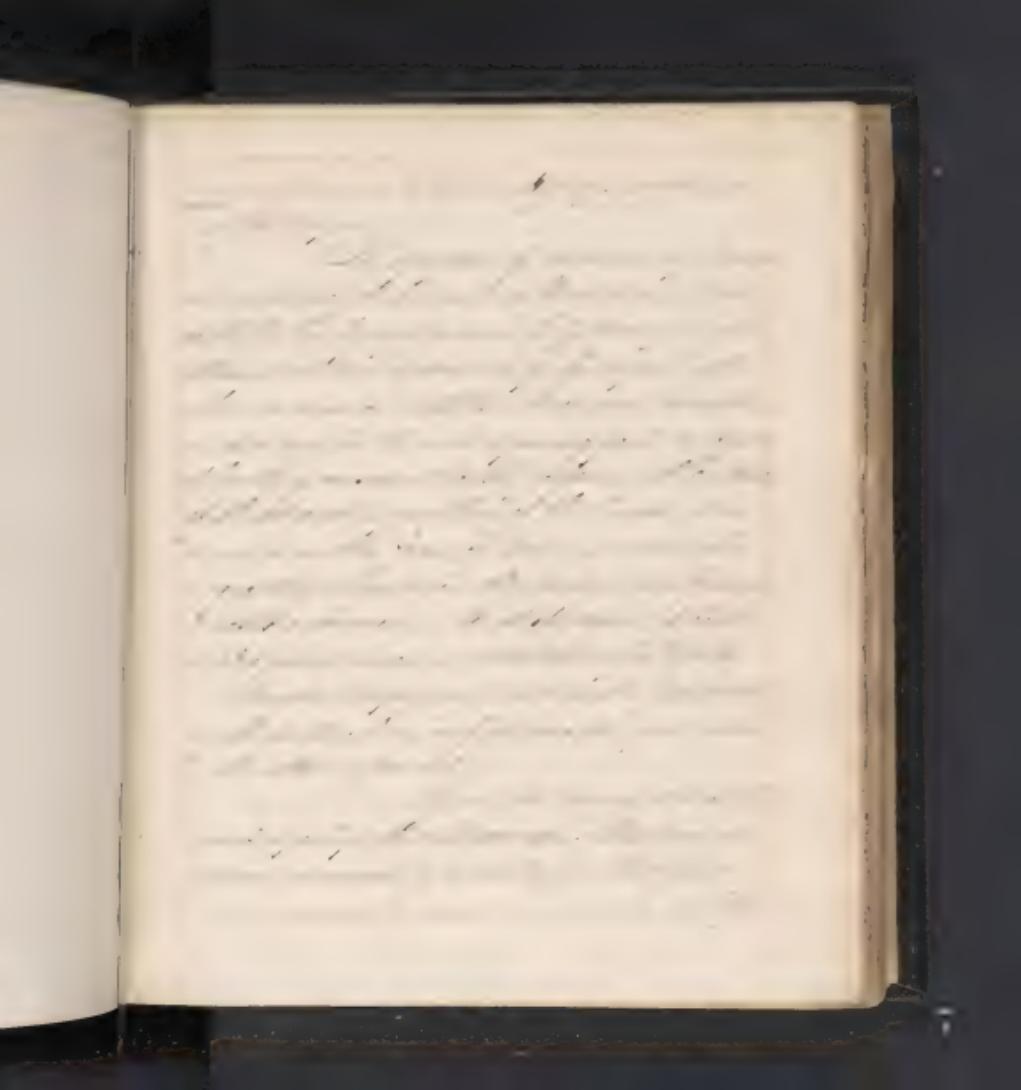
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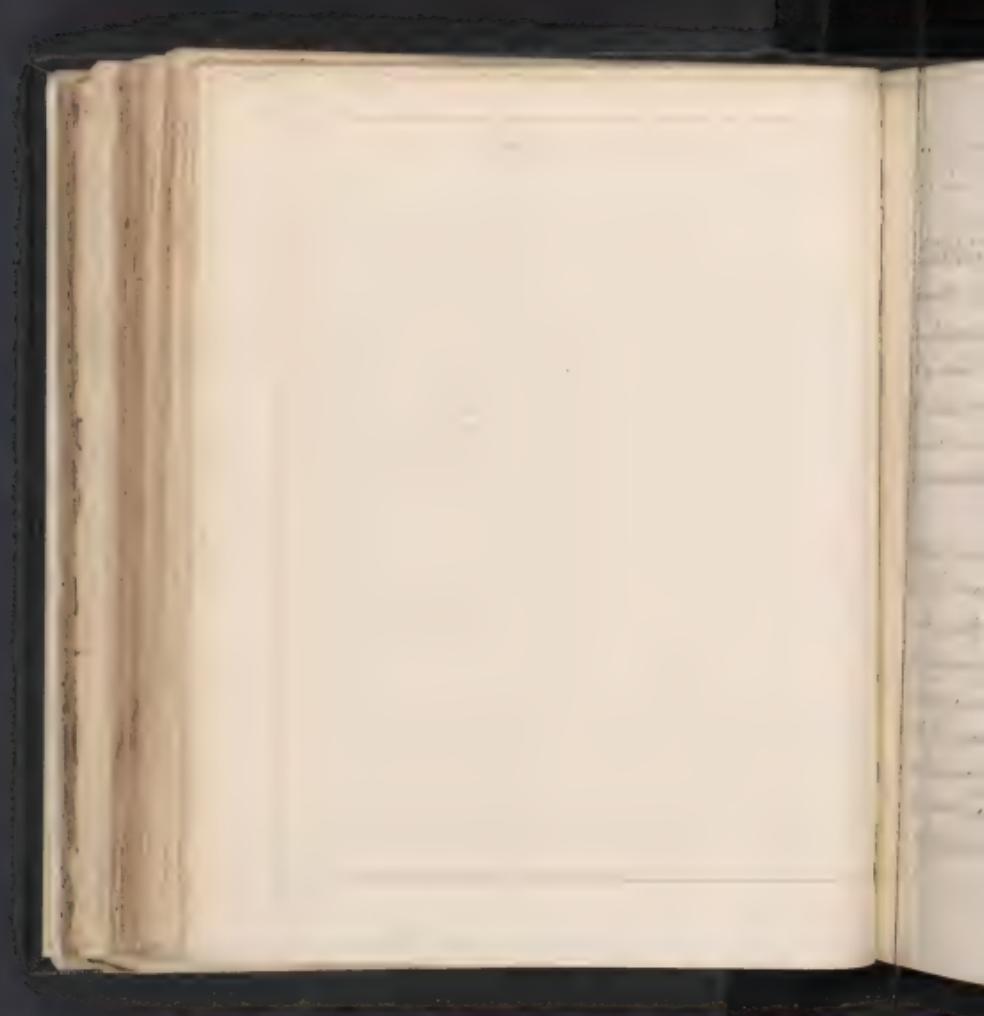
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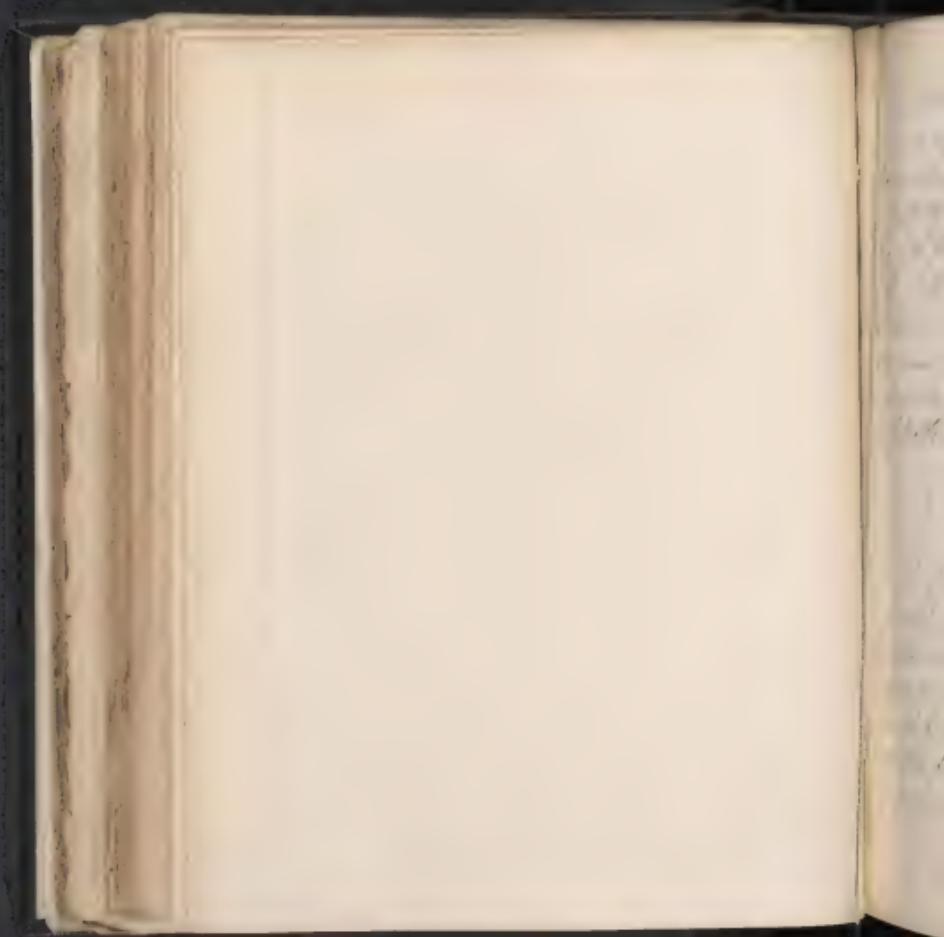
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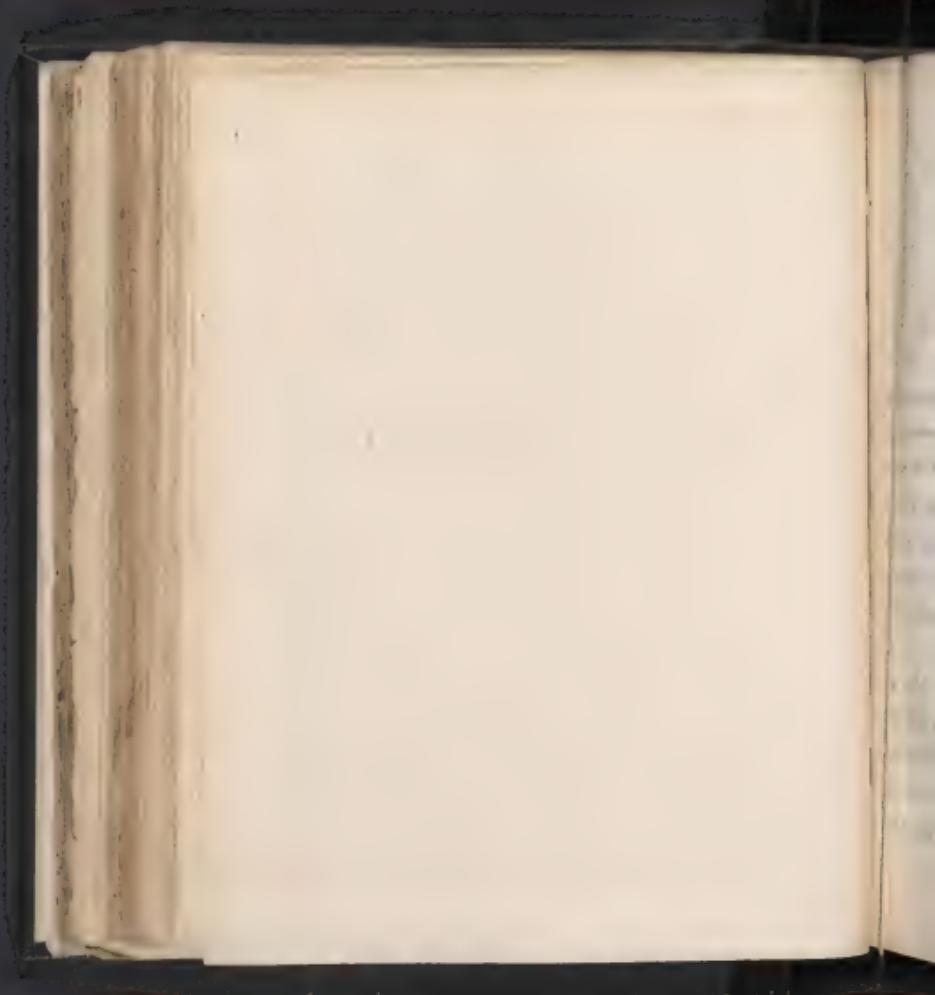
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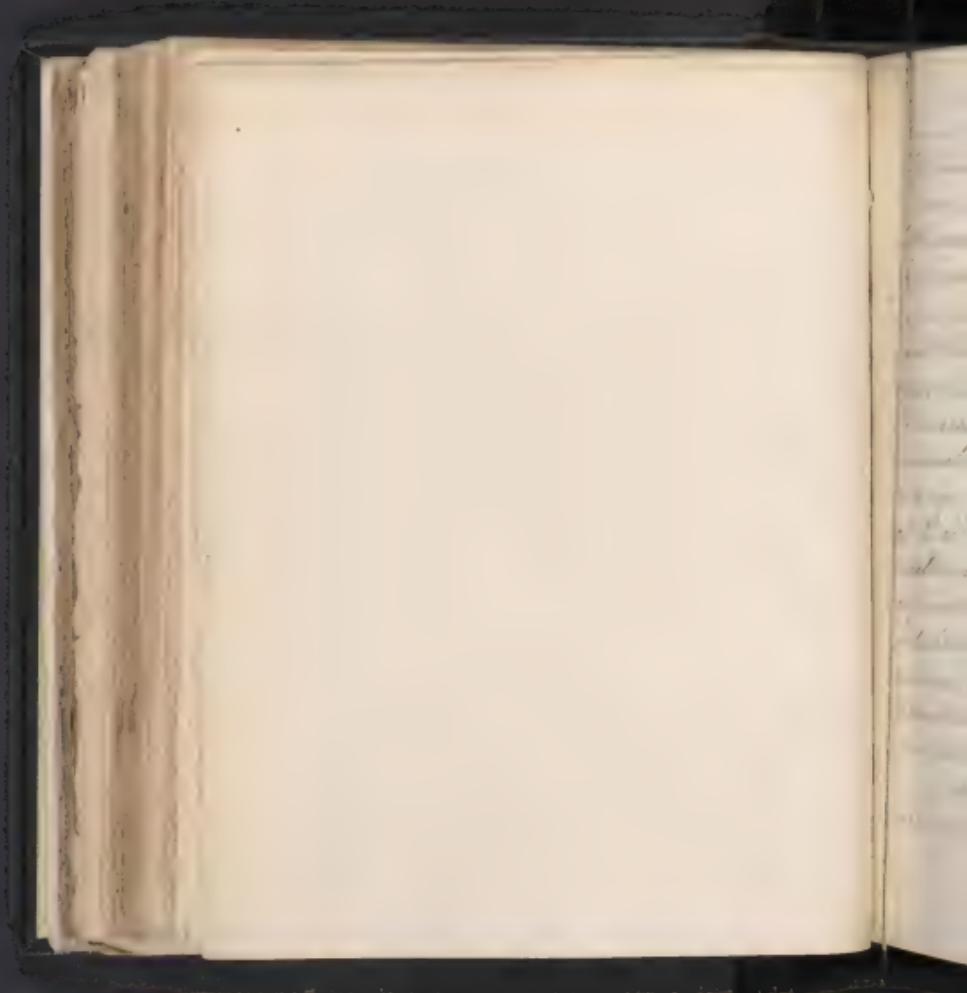


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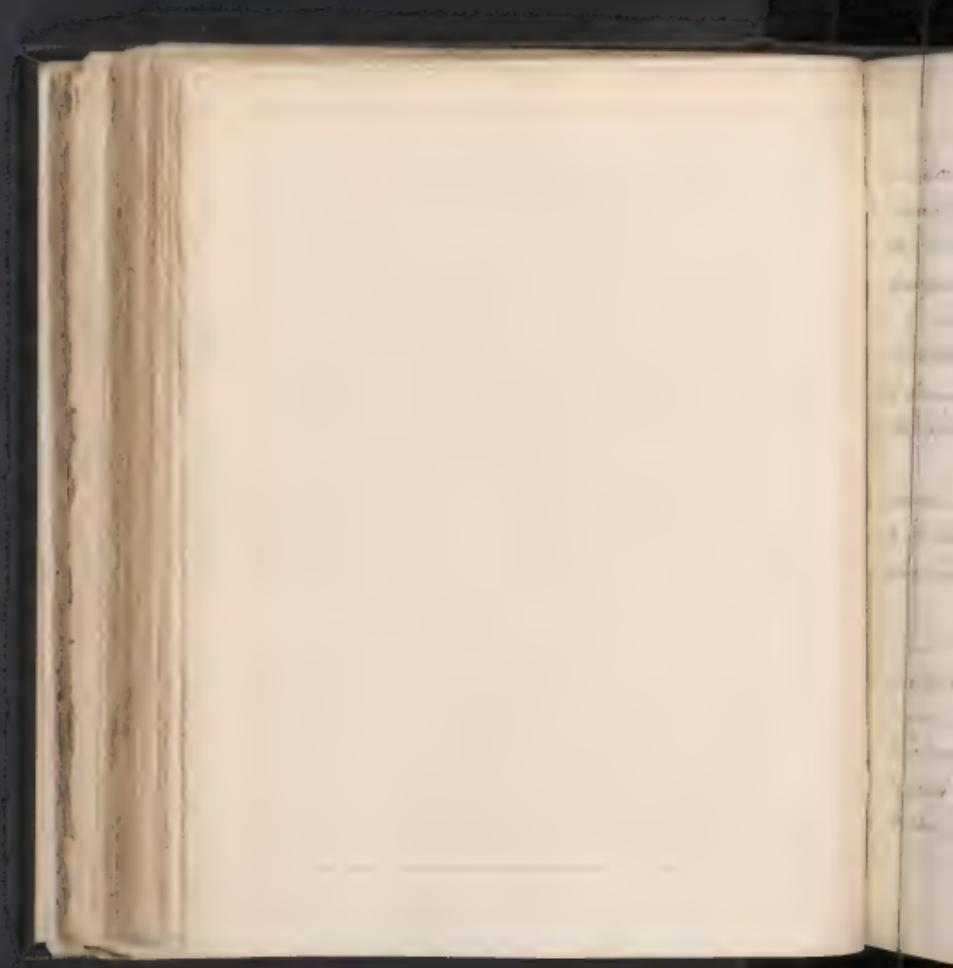
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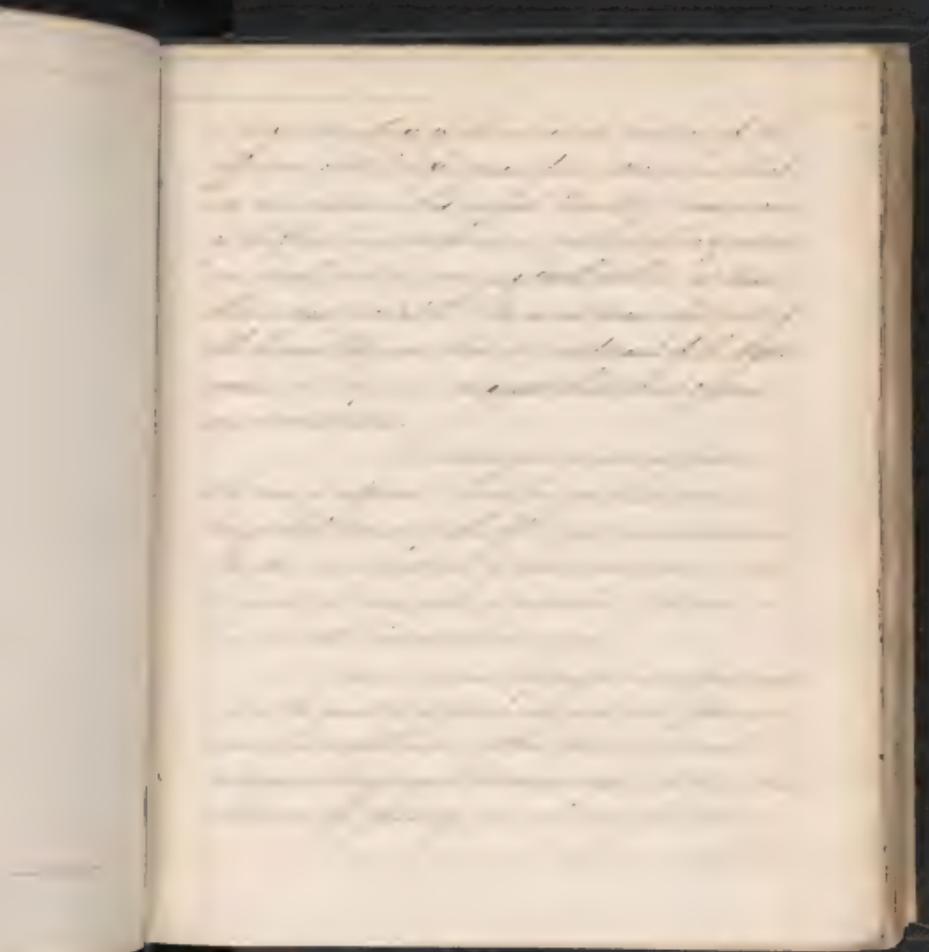
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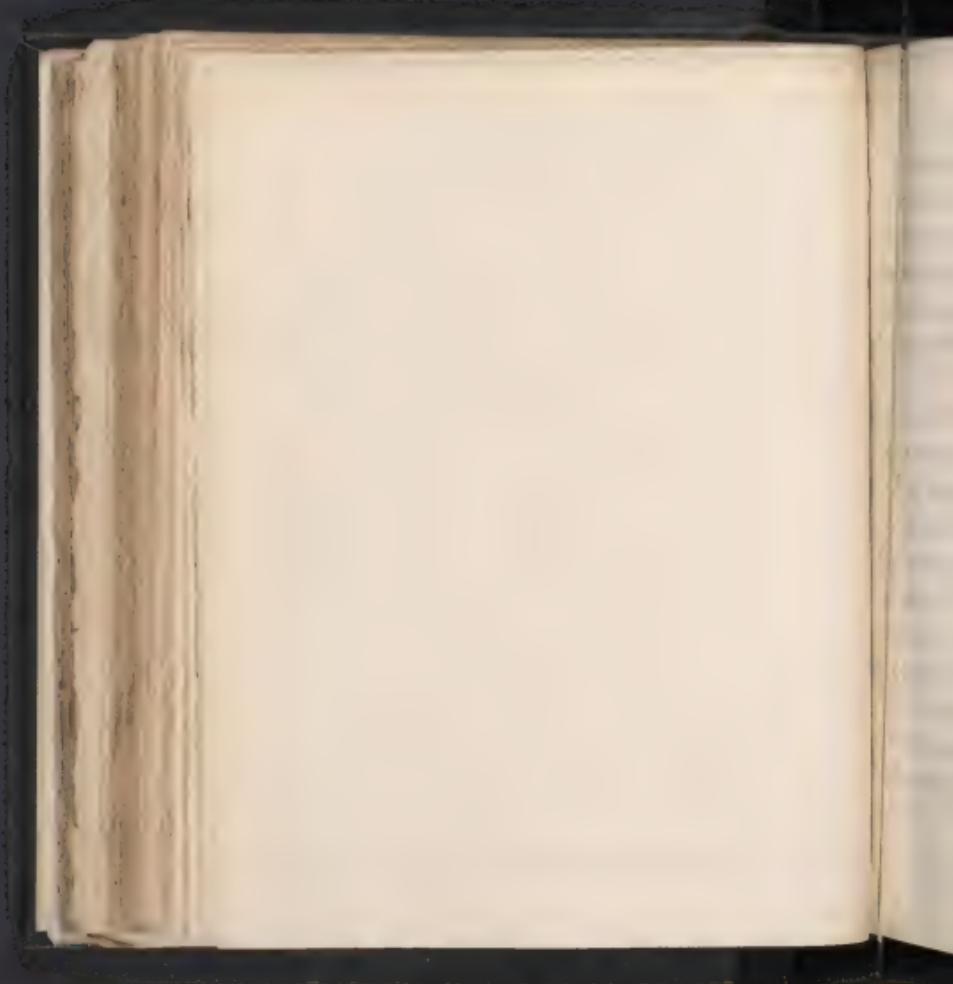
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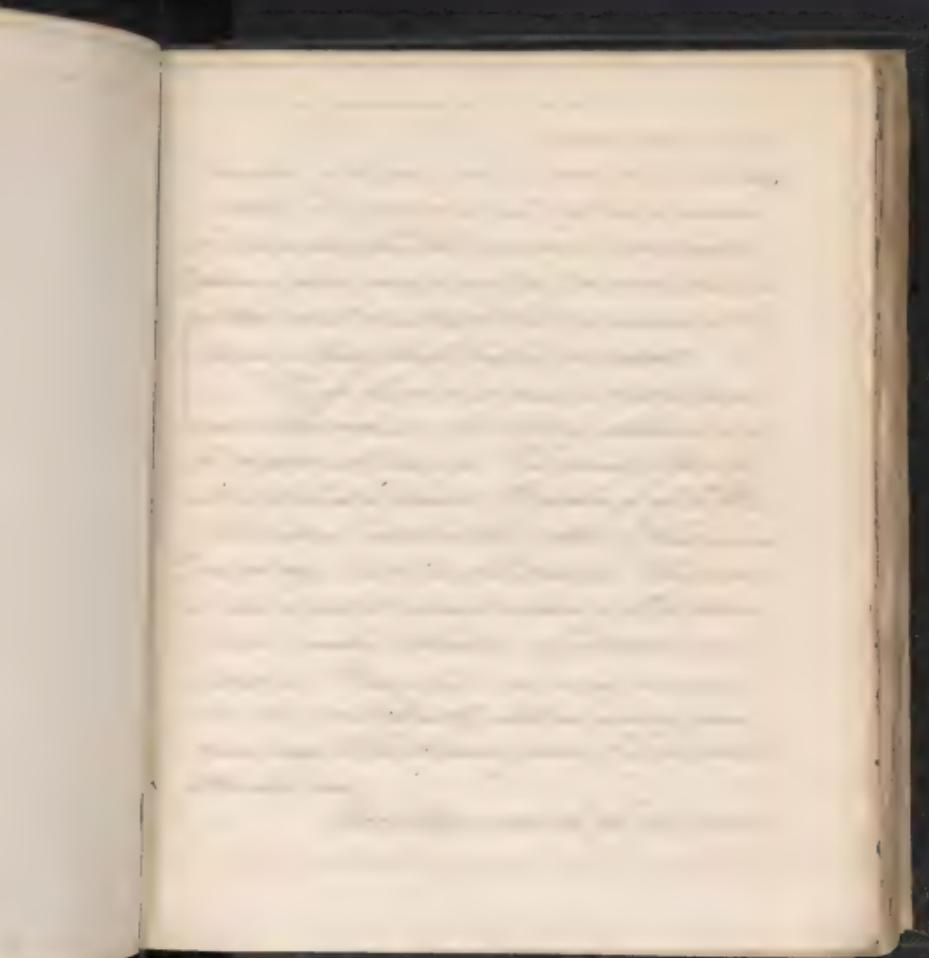
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that is at present applied to the cure of Croupy, &
its success is illustrative of the improvement of the
Pathology in the opposition to the former practice,
which consisted in the almost exclusive dependence
upon tonics. As an accompaniment to the lancet
Cathartics must be regularly exhibited, so that
the bowels may be kept in somewhat more than
a merely loose state. By these means much
of the swelling and inflammatory action will be
reduced; but they are not always sufficient to
effect a cure. Among the most useful Cathartics
in Croupy, the Extract of Sassafras deserves to be
mentioned. As a hydrozopee, perhaps it is unequalled
while it acquires additional power by its diuretic
virtues. It is frequently given in combination
with Saltp. The Salle Maritima and ^{some} Glucinate
are also among the most efficacious remedies for
Croupy. Combined with Calomel their operation
upon the absorbent system is increased.

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I have mentioned only those methods of rest
for Peoply which are the most powerful and direct,
and which are most generally adopted in the disease,
as it commonly appears. There are a variety of
other remedies which have been employed but which
continue in use, whose powers may be as great but
are peculiarly adapted to particular cases. Have
not however, considered it necessary to write upon
so elaborate a Point as the Colicies of Peoply,
and its remedies, as would compell me all their
peculiarities.

